

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Michigan

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name Frank W. Kerr Company

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN) ☐ Unknown 38-0714700
EIN

| 5. Debtor's address | Principal place of business | Mailing address, if different |
|---------------------|-----------------------------|---|
| | 43155 W. Nine Mile Road | |
| | Number Street | Number Street |
| | | P.O. Box |
| | Novi MI 48376-8026 | City State Zip Code |
| | City State Zip Code | |
| | Oakland | Location of principal assets, if different from principal place of business |
| | County | Number Street |
| | | City State Zip Code |

6. Debtor's website (URL) www.fwkerr.com

7. Type of debtor ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify:

8. Type of debtor's Check one:

business

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)
- ☐ Railroad (as defined in 11 U.S.C. § 101(44)
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)
- ☒ None of the types of business listed.
- ☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

☒ No

☐ Yes. Debtor

District

Date filed

Relationship

Case number, if known

MM / DD / YYYY

Debtor

Date filed

Relationship

Case number, if known

District

Date filed

Relationship

Case number, if known

MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.

☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

☒ The debtor is generally not paying its debts as they become due, unless they are in the subject of a bona fide dispute as to liability or amount.

☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

☒ No

☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

| 13. Each petitioner's claim | Name of petitioner | Nature of petitioner's claim | Amount of the claim above the value of any lien |
|-----------------------------|---|------------------------------|---|
| | Allergan, PLC | | \$ 180,088.06 |
| | Amneal Pharmaceuticals LLC | | \$ 347,691.35 |
| | Ascend Laboratories, LLC | | \$ 36,437.00 |
| | Par Pharmaceutical Inc. | | \$1,479,334.00 |
| | Rising Pharmaceuticals, Inc. | | \$ 87,022.18 |
| | Teva Pharmaceuticals USA, Inc. | | \$1,039,243.43 |
| | Boehringer Ingelheim Pharmaceuticals Inc. | | \$2,827,049.14 |
| | Total of petitioners' claims | | \$ 5,996,865.16 |

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Debtor Frank W. Kerr Company

Case number (if known) _____

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Allergan, PLC

Name
Morris Corporate Center III
400 Interpace Parkway
Number Street
Parsippany, NJ 07054
City State Zip Code

Name and mailing address of petitioner's representative, if any

Jack Lewis, Associate Director, A.R.

Name
Morris Corporate Center III
400 Interpace Parkway
Number Street
Parsippany, NJ 07054
City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2016
MM / DD / YYYY

/s/ Jack Lewis, Associate Director, A.R.

Signature of petitioner or representative, including representative's title

Name and mailing address of petitioner

Amneal Pharmaceuticals LLC

Name
400 Crossing Boulevard
Third Floor
Number Street
Bridgewater, NJ 08807
City State Zip Code

Name and mailing address of petitioner's representative, if any

Robert Loewenstein, SVP, Gen. Counsel

Name
400 Crossing Boulevard
Third Floor
Number Street
Bridgewater, NJ 08807
City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2016
MM / DD / YYYY

/s/ Robert Loewenstein, SVP, Gen. Counsel

Signature of petitioner or representative, including representative's title

Scott A. Wolfson

Printed name

Wolfson Bolton PLLC

Firm name, if any
3150 Livernois, Ste. 275

Number Street
Troy, MI 48083

City State Zip Code

Contact phone **248-247-7103** Email **swolfson@wolfsonbolton.com**

Bar number **P53194**

State **MI**

/s/ Scott A. Wolfson

Signature of attorney

Date signed **08/23/2016**
MM / DD / YYYY

Scott A. Wolfson

Printed name

Wolfson Bolton PLLC

Firm name, if any
3150 Livernois, Ste. 275

Number Street
Troy, MI 48083

City State Zip Code

Contact phone **248-247-7103** Email **swolson@wolfsonbolton.com**

Bar number **P53194**

State **MI**

/s/ Scott A. Wolfson

Signature of attorney

Date signed **08/23/2016**
MM / DD / YYYY

Name and mailing address of petitioner
Ascend Laboratories, LLC
Name
339 Jefferson Road
Number Street
Parsippany, NJ 07054
City State Zip Code

Name and mailing address of petitioner's representative, if any
Arnetta Frazier, Sr. Manager, A.R.
Name
339 Jefferson Road
Number Street
Parsippany, NJ 07054
City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.
Executed on **08/23/2016**
MM / DD / YYYY

/s/ Arnetta Frazier, Sr. Manager, A.R.
Signature of petitioner or representative, including representative's title

Name and mailing address of petitioner
Par Pharmaceutical Inc.
Name
6 Ram Ridge Road
Number Street
Chestnut Ridge, NY 10977
City State Zip Code

Name and mailing address of petitioner's representative, if any
Mitchell S. Kahan, Sr. Director Trade Finance
Name
6 Ram Ridge Road
Number Street
Chestnut Ridge, NY 10977
City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.
Executed on **08/23/2016**
MM / DD / YYYY

/s/ Mitchell S. Kahan, Sr. Director Trade Finance
Signature of petitioner or representative, including representative's title

Scott A. Wolfson
Printed name
Wolfson Bolton PLLC
Firm name, if any
3150 Livernois, Ste. 275
Number Street
Troy, MI 48083
City State Zip Code
Contact phone **248-247-7103** Email **swolfson@wolfsonbolton.com**
Bar number **P53194**
State **MI**

/s/ Scott A. Wolfson
Signature of attorney
Date signed **08/23/2016**
MM / DD / YYYY

Scott A. Wolfson
Printed name
Wolfson Bolton PLLC
Firm name, if any
3150 Livernois, Ste. 275
Number Street
Troy, MI 48083
City State Zip Code
Contact phone **248-247-7103** Email **swolfson@wolfsonbolton.com**
Bar number **P53194**
State **MI**

/s/ Scott A. Wolfson
Signature of attorney
Date signed **08/23/2016**
MM / DD / YYYY

Debtor Frank W. Kerr Company

Case number *(if known)* _____

Name and mailing address of petitioner
Rising Pharmaceuticals, Inc.

Name _____

3 Pearl Court, Suite A

Number Street

Allendale, NJ 07401

City State Zip Code

Name and mailing address of petitioner's representative, if any

Steven S. Rogers, Chief Legal Officer

Name _____

3 Pearl Court, Suite A

Number Street

Allendale, NJ 07401

City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2016
MM / DD / YYYY

/s/ Steven S. Rogers, Chief Legal Officer

Signature of petitioner or representative, including representative's title

Scott A. Wolfson

Printed name _____

Wolfson Bolton PLLC

Firm name, if any

3150 Livernois, Ste. 275

Number Street

Troy, MI 48083

City State Zip Code

Contact phone **248-247-7103** Email **swolfson@wolfsonbolton.c**

Bar number **P53194** om

State **MI**

/s/ Scott A. Wolfson

Signature of attorney

Date signed **08/23/2016**

MM / DD / YYYY

Debtor

Frank W. Kerr Company

Case number (if known)

Name and mailing address of petitioner

Teva Pharmaceuticals USA, Inc.

Name

1070 Horsham Road

Number Street

North Wales, PA 19454

City State Zip Code

Name and mailing address of petitioner's representative, if any

Deborah Finan, Associate Director of A.R.

Name

1070 Horsham Road

Number Street

North Wales, PA 19454

City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2016

MM / DD / YYYY

/s/ Deborah Finan, Associate Director of A.R.

Signature of petitioner or representative, including representative's title

Scott A. Wolfson

Printed name

Wolfson Bolton PLLC

Firm name, if any

3150 Livernois, Ste. 275

Number Street

Troy, MI 48083

City State Zip Code

Contact phone 248-247-7103 Email swolfson@wolfsonbolton.com

Bar number P53194

State MI

/s/ Scott A. Wolfson

Signature of attorney

Date signed 08/23/2016

MM / DD / YYYY

Name and mailing address of petitioner
Boehringer Ingelheim Pharmaceuticals, Inc.

Name
900 Ridgebury Road
Number Street
Ridgefield, CT 06877
City State Zip Code

Name and mailing address of petitioner's representative, if any
John T. Richers, Credit Analyst

Name
900 Ridgebury Road
Number Street
Ridgefield, CT 06877
City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.
Executed on **08/23/2016**
MM / DD / YYYY

/s/ John T. Richers, Credit Analyst
Signature of petitioner or representative, including representative's title

Scott A. Wolfson
Printed name

Wolfson Bolton PLLC
Firm name, if any
3150 Livernois, Ste. 275
Number Street
Troy, MI 48063

City State Zip Code
Contact phone **248-247-7103** Email **swolfson@wolfsonbolton.com**

Bar number **P53194**
State **MI**

/s/ Scott A. Wolfson
Signature of attorney
Date signed **08/23/2016**
MM / DD / YYYY